Saddleback Portable X-Ray

PATIENT'S NAME: Alice Quitanilla

Phone: 714.835.2915 Fax: 714.543.3114

Radiology ORDER REPORT

| | | + | | | | i | le | | | |
|---------------------------------------|--------------------|-------------|-------------------------------------|-----------|-------------------|-----------------------------|------------|----|--|--|
| ADDRESS: | | CITY, STAT | CITY, STATE & ZIP: , , | | | PHONE NO: 9098169796 | | | | |
| ORDERING FACILITY: AS | SPC Douglas | | | ADDRES | S: 6911 N. | BDI Blvd | | | | |
| CITY, STATE & ZIP: Douglas, AZ, 85607 | | PHONE NO: | PHONE NO: 46887654324 | | FAX: tyk | | NPI: | | | |
| REQUESTED DATE/TIME | OF SERVICE: 05-30- | 2017, 14:18 | | | | TECHNOLOGIST: TECH FIVEs | | | | |
| REFERRING DR'S NAME: ENAYATI JOSEPH | | NPI: | • | PHONE | NO: | | FAX: | | | |
| | | | | | | | | | | |
| CPT CODE #1: 72040 | | PROCEDUR | F #1: Carvical 2: | viewsmnym | | | | | | |
| | | PROCEDUR | PROCEDURE #1: Cervical, 2 viewsmnym | | | | | | | |
| CPT CODE #2: 72074 | | PROCEDUR | F #2: Thoracic 4 | views | | | | | | |
| CPT CODE #2: 72074 | | PROCEDUR | E #2: Thoracic, 4 | views | | | | | | |
| CPT CODE #2: 72074 | | PROCEDUR | E #2: Thoracic, 4 | views | | | | | | |
| CPT CODE #2: 72074 | | PROCEDUR | E #2: Thoracic, 4 | views | | | | | | |
| | | PROCEDUR | E #2: Thoracic, 4 | views | | | | | | |
| SYMPTOMS: MEDICARE #: | MEDICAID # | | E #2: Thoracic, 4 | | | BOLICY | GROUP/FECA | #• | | |

PATIENT'S ID: 12345 DATE OF BIRTH: 11-22-1991 SEX: Fema

Form **W-9** (Rev. December 2014)

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| Internal | i nevertue Service | | | | | | | | | | | |
|---|--|--|---|-----------------------------------|--------------------------------------|---|-----------------------|----------------------------------|---------------------|--|--|--|
| | 1 Name (as shown on your income tax return). Name is required on this line; do not | ot leave this line blank. | | | | | | | | | | |
| | Tony Castillo.,CRT. | | | | | | | | | | | |
| 2 | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | |
| ge | Saddleback Portable X-Ray | | | | | | | | | | | |
| Print or type Specific Instructions on page | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership True | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | |
| | single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) | | | | | Exempt payee code (if | | | | | | |
| | Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line the tax classification of the single-member owner. | | | | Examplian from EATCA | | | | | | | |
| | Other (see instructions) ▶ | | | | (Applie | s to accoun | ts maint | ained outside | the U.S.) | | | |
| ific | 5 Address (number, street, and apt. or suite no.) | Reque | ester's | name | and ad | dress (o | otiona | 1) | | | | |
| Spec | 1651 E. 4Th St. S#212 or P.O. Box 4 | 427 | | | | | | | | | | |
| See | 6 City, state, and ZIP code | 0 00704 | | | | | | | | | | |
| S | | , Ca. 92701 | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name | | Soc | ial se | curity | number | | | | | | |
| | ip withholding. For individuals, this is generally your social security number | | | T | | | | | | | | |
| | ent alien, sole proprietor, or disregarded entity, see the Part I instructions on the set in the part I instructions on the set is your employer identification number (EIN). If you do not have a nur | | | | - | | - | | | | | |
| | n page 3. | nibel, see now to get a | or | | | | _ | | | | | |
| | If the account is in more than one name, see the instructions for line 1 an | d the chart on page 4 for | | ploye | rident | ification | numb | er | | | | |
| | lines on whose number to enter. | ia tilo oliait oli pago i loi | | | | I_I_ | Τ. | | | | | |
| | | | 3 | 3 | -0 | 8 8 | 4 | 0 2 | 6 | | | |
| Par | t II Certification | | | | | | | | | | | |
| Under | r penalties of perjury, I certify that: | | | | | | | | | | | |
| 1. The | e number shown on this form is my correct taxpayer identification numbe | r (or I am waiting for a num | ber to | be is | sued | to me); | and | | | | | |
| Se | m not subject to backup withholding because: (a) I am exempt from back rvice (IRS) that I am subject to backup withholding as a result of a failure | up withholding, or (b) I hav | e not | been or (c | notifie | d by the | e Inte | rnal Re ed me t | venue hat I am | | | |
| | longer subject to backup withholding; and | to report an interest or divi | aenas | , 01 (0 | | | | | | | | |
| 1 ar | | to report an interest or divi | aenas | , 01 (0 | , | | | | | | | |
| | longer subject to backup withholding; and | | | , 01 (0 | , | | | | | | | |
| 4. The Certif becau interest general instructions | Inger subject to backup withholding; and ma U.S. citizen or other U.S. person (defined below); and a FATCA code(s) entered on this form (if any) indicating that I am exempt fication instructions. You must cross out item 2 above if you have been use you have failed to report all interest and dividends on your tax return. It paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to sections on page 3. | from FATCA reporting is contified by the IRS that you for real estate transaction debt, contributions to an in | orrect. u are c s, item | urren 2 do | tly sul | t apply. nt arran | For r | nortgag ent (IRA) | e , and | | | |
| 4. The Certif because interest general | m a U.S. citizen or other U.S. person (defined below); and EATCA code(s) entered on this form (if any) indicating that I am exempt fication instructions. You must cross out item 2 above if you have been use you have failed to report all interest and dividends on your tax return. Ist paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to actions on page 3. Signature of | from FATCA reporting is contified by the IRS that you for real estate transaction debt, contributions to an in | orrect. u are c s, item ndividu ou mu | urren 2 do al ret st pro | tly sul es no ireme ovide y | t apply. nt arran | For r | nortgag ent (IRA) | e , and | | | |
| 4. The Certif because interest general instructions Sign Here | ma U.S. citizen or other U.S. person (defined below); and EFATCA code(s) entered on this form (if any) indicating that I am exempt for ication instructions. You must cross out item 2 above if you have been use you have failed to report all interest and dividends on your tax return. Is to paid, acquisition or abandonment of secured property, cancellation of cally, payments other than interest and dividends, you are not required to sections on page 3. Signature of U.S. person TONY Castillo., CRT. | from FATCA reporting is contified by the IRS that you for real estate transactions debt, contributions to an insign the certification, but you | orrect. u are constitution additional mu | urren 2 do al ret st pro | tly sulles no ireme povide y | t apply. nt arran your cor | For r geme rect | nortgag ent (IRA) ΓΙΝ. See | e , and e the | | | |

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.